

2000 UNIFORM BUSINESS REPORT (UBR)

DOCUMENT # N29258

1. Entity Name

CHRISTIANS CONCERNED FOR THE COMMUNITY, INC.

FILED
Jan 27, 2000 8:00 am
Secretary of State

01-27-2000 90096 017 ****61.25

Principal Place of Business

Mailing Address

1903 NW 35 AVENUE
GAINESVILLE FL 32605
US

P.O. BOX 14582
GAINESVILLE FL 32604-2582
US

2. Principal Place of Business

3. Mailing Address

Suite, Apt. #, etc.

Suite, Apt. #, etc.

City & State

City & State

Zip

Country

Zip

Country

4. FEI Number

59-2927098

Applied For

Not Applicable

5. Certificate of Status Desired ☐

\$8.75 Additional
Fee Required

6. Name and Address of Current Registered Agent

7. Name and Address of New Registered Agent

GROCE, V. LYNN
714 N.W. 36TH ST.
GAINESVILLE FL 32605

Name

Street Address (P.O. Box Number is Not Acceptable)

City

FL

Zip Code

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the state of Florida.

SIGNATURE

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

FILE NOW:
FEE IS \$61.25

9. Election Campaign Financing
Trust Fund Contribution. ☐

\$5.00 May Be
Added to Fees

Make Check Payable to
Department of State

10. OFFICERS AND DIRECTORS

11. ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS IN 10

TITLE PD ☐ Delete
NAME ARNETTE, JOHNNY (DR)
STREET ADDRESS 4625 NW 21ST TERR
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE VD ☐ Delete
NAME ANKRIM PHILIP DR.
STREET ADDRESS 1418 N.W. 50TH TERR
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE SD ☐ Delete
NAME DENNIS, MARY ALICE
STREET ADDRESS 11606 SW 156ST
CITY-ST-ZIP ARCHER FL 32616

TITLE ☒ Change ☐ Addition
NAME
STREET ADDRESS 615 SW 127 ST
CITY-ST-ZIP Newberry, FL 32669

TITLE TD ☐ Delete
NAME GRATTO, KATHY
STREET ADDRESS 9719 SW 67 DRIVE
CITY-ST-ZIP GAINESVILLE FL 32608

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME SEXTON ELOISE
STREET ADDRESS 15006 NW 147 AVE
CITY-ST-ZIP ALACHUA FL 32615

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

TITLE D ☐ Delete
NAME PARKER, JOHN
STREET ADDRESS 2110 N.W. 46TH ST
CITY-ST-ZIP GAINESVILLE FL 32605

TITLE ☐ Change ☐ Addition
NAME
STREET ADDRESS
CITY-ST-ZIP

12. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears in Block 10 or Block 11 if changed, or on an attachment with an address, with all other like empowered.

SIGNATURE:

Johnny L Arnette
SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

1/10/00

352 373 9696

Date

Daytime Phone #

CR2E037 (9/99)